

UNIVERSITY OF GONDAR
COLLEGE OF MEDICINE AND HEALTH SCIENCES
INSTITUTE OF PUBLIC HEALTH



Level of Turnover Intention and Associated Factors Among health Professionals in the University of Gondar Referral Hospital, Northwest Ethiopia.

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A THESIS SUBMITTED TO THE INSTITUTE OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES, UNIVERSITY OF GONDAR IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH IN HEALTH SERVICE MANGEMENT.

June, 2014

Gondar, Ethiopia

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ACKNOWLEDGEMENT

First of all, I would like to express my deep sincerely gratitude to my advisors Dr Mezgebu Yitayal and Mr Measho G/silassie thankfulness for their endless support, wisdom and guidance in all time of the thesis work. I am also grateful for HSM AND HSM department, institute of public health, University of Gondar for providing me this opportunity to conduct the research and allowing me to undertake my area of interest in that specific place.

Next, I am very much grateful to forward my appreciation to the Amhara health beuro for its financial support. Then I would like to extend my acknowledgement to university of Gondar Referral Hospital management for their support during data collection. My acknowledgement extends to all Respondents for their time and willingness to respond; data facilitator for their friendly work.

ACRONYMS

AGA	Agenda for Global Action
AOR	Adjusted odd ratio
BSc	Bachelor of Science
E.C	Ethiopian Calendar
EENT	Eye Ear Nose Throat
EBR	Ethiopian Birr
G8	Group 8
HO	Health Officer
PHC	Primary Health Care
RN	Registered Nurse
MD	Medical Doctor
MDG	Millennium Development Goals
MPH	Master of Public Health
SD	Standard Deviation
SPSS	Statistical Package for Social Science
WHO	World Health Organization

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ABSTRACT

Introduction: Turnover intention refers to an individual's perceived probability of staying or leaving an employing organization. Intentions are the most immediate determinants of actual behavior. Low health worker density is relatively poor health outcomes of the population. There is very few studies on turnover intention from low-income and lower middle-income countries and only a handful from upper middle-income countries.

Objective: the purpose of this study was to assess turnover intention and associated factors among health professionals' in the university of Gondar referral hospital.

Methods: Institutional based cross sectional study was conducted from March to April, 2014 at University of Gondar Referral Hospital on 394 health professionals using stratified random sampling techniques. The data were collected by using self administered questionnaire', entered using EPI INFO version 3.5.3, and analyzed by SPSS for windows version 20.0. Bi variable and multivariable logistic regression analysis also carried out to see the effect of independent variables on the outcome variable.

Result: The proportion of staff turnover intention in the hospital was 52.5%. Health professional have Degree and above academic rank [AOR=2.717(95%CI:1.192,6.190)]; nursing profession [AOR= 7.668(95%CI: 2.913,20.188)], laboratory profession[AOR 9.153,(95% CI: 2.925,28.636)]and other health professions[AOR=5.316(95% CI: 2.147,13.162)]; work experience of 2.1 to 5 years [AOR=1.937,(95% CI: 1.142,3.288)]; income level 2100 to 2259 [AOR =0.431(95% CI: 0.213,0.871)] and income level of 2260 to 2998 [AOR=0.421(95% CI: 0.263,0.875)] were significantly associated factors of turnover intention of health professional.

Conclusion and Recommendation: in this study, turn over intention of Health Professionals in the University of Gondar referral hospital was found to be high. Educational level, profession, work experience, income are significantly associated with intent to turnover. It is better attention should be given to low income health professionals and additional benefit should be given for more educated and experienced professionals.

Key words: turnover intention, health professional, university of Gondar referral hospital

1. INTRODUCTION

1.1 statement of the problem

Turnover is viewed as a voluntary separation of an individual from an organization. It results from a combination of organizational events, working conditions, and psychological factors interacting with each other to affect employee attitudes in and toward the organization(1). Behavioral intention is a reliable determinant of actual behavior. It has also been empirically established that turnover intention (conation) has a positive relationship with actual turnover. Several authors argued that turnover intention can be used as a valid proxy for actual labor turnover (2).

Intention to turnover refers to an individual's perceived probability of staying or leaving an employing organization. In their review of antecedents to turnover many studies use intent to leave rather than actual turnover as the outcome variable due to two main reasons. There is evidence to indicate that workers typically make a conscious decision to do so before actually leaving their jobs. This relationship is supported by the attitude-behavior theory which holds that one's intention to perform a specific behavior is the immediate determinant of that behavior(3).

Physician turnover is an increasing problem that threatens the functioning of the health care sector worldwide; the health worker density in most sub-Saharan countries is well below the World Health Organization (WHO) recommendation of a minimum 2.5 health workers per 1000 population. One consequence of low health worker density is relatively poor health outcomes of the population (4). The 2007 report 0.2 per 1000 in Ethiopia clearly indicates the challenges ahead. Put simply, there is insufficient human capacity in Ethiopia (5).

The voluntary -turnover rate has negative consequences. These include costs associated with recruitment and orientation of new health professionals; loss of experienced health professionals; periods of short staffing accompanied by overtime for remaining register health professionals, or use of temporary agency staff who are less familiar with the setting than employees; and potential for increase in adverse patient outcomes(4, 6). Intention to leave is an intervening variable between job

satisfaction and actual turnover and is therefore affected by similar individual and organizational factors (7).

The Group-8 (G8) endorsement of the Agenda for Global Action (AGA) has been mapped six recommendations against the problem based on study done on four sub Saharan countries. From that, AGA 3 and 4 are about Scaling up health worker education and training, retaining an effective, responsive and equitably distributed health work force(4). Previous research has shown that turnover of skilled employees can have serious negative consequences, including a decline of organizational performance (8). Further, when skilled employees leave, agencies lose the source of valuable institutional knowledge, requiring resources to be spent on recruiting and training new employees rather than investing in sustaining important public programs(9).

.According to Gondar university hospital human resource management department report , 31 different health professional left the hospital from 2004 to November 2005 E.C(10).

However, there is no sufficient data throughout Ethiopia including the study area to set appropriate retention mechanisms. As a result, knowledge about turnover intention and its associated factors is tremendously important to direct policy development. Therefore this study was conducted to determine the level of turnover Intention of and identify associated factors among health professionals in the university of Gondar referral hospital.

1.2. Literature review

1.2.1. Level of Hospital Staff Turnover Intention

Intentions are the most immediate determinants of actual behavior. They are also of practical value from a research perspective, as once people have actually implemented the behavior to quit; there is little likelihood of gaining access to them to understand their prior situation (11).

In 2001, Buchbinder and colleagues reported that 55% of primary-care physicians had left at least one practice, and 20% of the cohort left two employers (1). In the study undertaken in United States at different times, the national turnover rate for hospital nurses was 12% in 1996, 15% in 1999, and 26.2% in 2000(12).

Across sectional study conducted in South Africa showed that the level turnover intention was 41.4% and 40 %%(7, 13). A survey of primary health care nurses in rural South Africa also found high turnover intentions as 51.1%planned to leave their current job within 2 years (7).

Across sectional study conducted in 2010 in Sidama zone public health facilities showed that the level turnover intention was 84.3 %(4). Other cross sectional study in 2011 conducted in Jimma university specialized hospital was 79.3 %(14).

1.2.2. Factors Associated with turnover Intention

Turnover intention seems to be affected by a number of variables. Workplace physical violence and bullying were associated with decreased job satisfaction and increased turnover intentions among Finnish physicians. In addition, the opportunities to control one's job were able to alleviate the increase in turnover intentions resulting from bullying (15)

Cross sectional study in Saudi Arabia examined Significant associations were found between turnover intention and demographic variables of gender, age, marital status, education level, organizational residence, positional residence, and payment per month(13, 16). A variety of factors influence the retention of nurses in adult care settings, including work satisfaction, group cohesion, job stress, and work schedule (17).

Cross sectional studies in Madrid Spain educational level as negatively related to turnover intentions, Job stressor was entered showing a significant and positive contribution to turnover intentions as predicted, the social interaction variable, that is, difficult doctor-patient with a positive and significant contribution, personal resource commitment was related significantly and negatively to relationships turnover intentions, burnout were significantly related to a greater intention to quit(1).

The study suggests that main reasons for high turnover were procedural justice and low organizational commitment. Organizational commitment was found to be very critical in turnover intention. The research study confirmed this linkage and showed that job stress, and moreover burnout, are important factors in the physician profession and lined to a higher turnover intentions among doctors(1, 18).

In the study conducted in Maryland to investigate reason of leaving work among women and men they found 69.7% of men cited better salaries as a reason for leaving nursing in contrast to only 32.6% of women and, 63.6% of men found their current position more rewarding professionally compared with only 46.1% of women (19). Studies in Malaysia found that lack of job satisfaction are among the factors that contribute to people's intention to quit their jobs; however, it is important both

from the hospital's manager's and the individual's perspective to understand which factors of job satisfaction are related to intention to quit in nursing profession(11).

A survey on 147 South African nurses reported that over 40 percent of the respondents agreed with the statement that they “dread” the next day at work, felt unmotivated (over 50%), could imagine working overseas (50%), and intended to leave their jobs (40%). Unhappiness with their vocational choices, stress at work, and difficulty with change were significantly related to burnout and demotivation(17). Many studies report a consistent and negative relationship between job satisfaction and turnover, as dissatisfied employees are more likely to leave an organization than satisfied ones(18, 20, 21). And they found the major predictor for intention to leave is job dissatisfaction and the major predictors of job satisfaction is psychological empowerment(6). Others found a moderate relationship between job satisfaction and turnover intentions(22). Some also found a significant negative association between job satisfaction and turnover intentions. Job satisfaction is a strong predictor of turnover intentions (23). Steven and John conducted a study to assess job satisfaction facets and turnover intention(24).

Job satisfaction is one the factors that contribute to people's intention to quit their jobs however, it is important both manager's and the individual's perspective to understand the factors that mediate the relationship between job stress and turnover intention. Researcher have attempted to answer the question of what determines people's turnover intention by investigating possible previous circumstances that lead to employees' intentions to quit(3).

Previous studies relating to turnover intention have shown that organizational commitment and job satisfaction are regarded as two important antecedent variables that affect the turnover intention of employees(25). In fact, the findings of empirical studies on the relationship between organizational commitment, job satisfaction and turnover intention have confirmed that the two variables have significantly negative effects on turnover intention. This suggests that employees with high job satisfaction levels have a higher level of work efficiency, organizational commitment, and willingness to sacrifice for the organization, making it more difficult for them to leave their jobs. Factors affecting employee turnover today have become increasingly

complex. The variables affecting job satisfaction are numerous and complex in relation to each other. Moreover, studies have confirmed that salary level has a significantly positive effect on organizational commitment as well as on turnover intention(26).Relevant studies have pointed out that when the work environment is well regarded, employee work attitudes are better, and thus, job satisfaction is higher (27).

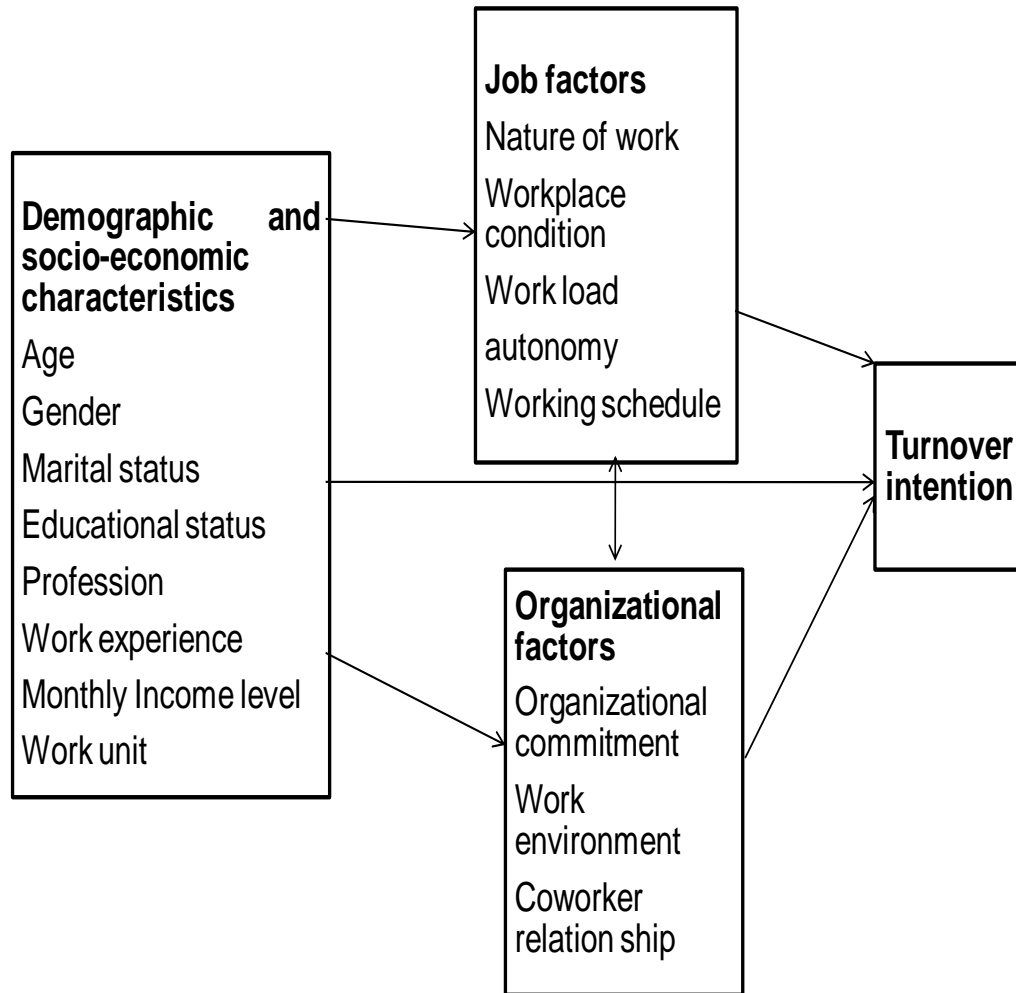


Figure1: Conceptual framework showing the factors of turnover intentions (developed by reviewing different literatures)

1.3 Justification of the study

Health professionals are essential in the health care delivery system especially to meet health related MDGs. Health professional turnover has many consequences on the health institution and patients and the lack of research addressing the factors that influence health professional intention to turnover is a problem because if health professional administrators do not know what the health professional want, they cannot make changes to better satisfy the health professionals.

However, while it is reasonable to argue that intentions are an accurate indicator of subsequent behavior; more than that many research were undertaken by developed countries but little found in developing countries specifically Ethiopia (6, 12), and to the best of the investigator's knowledge, there is no sufficient data throughout Ethiopia in general and even single evidence is lacking in the study area in particular.

Therefore, this study will provide evidence to policy makers, managers and stakeholders about turnover intention of health professionals and accordingly, other researchers can use it as a baseline evidence for further studies.

2. OBJECTIVE

2.1 General objective

- To assess turnover intention and associated factors among health professionals in the University of Gondar Referral Hospital, Northwest Ethiopia.

2.2 Specific objectives

- To determine the prevalence of turnover intention among health professionals in the university of Gondar Referral Hospital.
- To identify factors associated with turnover intention in the university of Gondar Referral Hospital.

3. METHODS

3.1. Study design and period

An Institutional based cross-sectional study was conducted from March to April, 2014.

3.2. Study area

The study was conducted at University of Gondar Referral Hospital. The hospital is one of the oldest hospitals among medical school in Ethiopia. It is located in North Gondar administrative zone, Amhara National Regional state, which is far from about 738 km Northwest of Addis Ababa (the capital city of Ethiopia). Currently Gondar city has one referral hospital and five government health centers. University of Gondar Referral Hospital is a teaching Hospital which serves more than five million people of the North Gondar zone and peoples of the neighboring zones (10). In this hospital there were a total of 587 different health workers (it includes anesthesia, midwifery, pharmacist, health officer, nurse, dentist, laboratory, physiotherapist, medical doctor, occupational health, radiologist, Psychiatrists and environmental health) (10).

3.3 Source and study population

Source population: all health professionals who were working in the university of Gondar referral hospital were taken as source population.

Study population: all health professionals working in the University of Gondar referral hospital

3.4 Inclusion and Exclusion Criteria

Inclusions Criteria

All health professionals who had a work experience of more than six month working in University of Gondar Referral Hospital at the time of the study were included.

Exclusion Criteria

Health professionals that were not maternal and annual leave and those who were seriously ill during data collection period were excluded.

3.5 Sample size determination and sampling procedures

Sample size

Sample size (n) is estimated based on a single population proportion formula using the following assumption; Proportion (p) is taken as 50%. Standard normal value at (Z=1.96) with 95% confidence interval (CI) and margin of error (d) of 5% were assumed. Thus the sample size computed as follow:

$$n = \frac{(Z_{\alpha/2})^2 * P (1-P)}{d^2}$$

$$n = \frac{(1.96)^2 * 0.5(1-0.5)}{(0.05)^2} = 384$$

By adding 10% non-response rate final sample size was 422health professionals.

3.6 Sampling technique

The study participants were selected through stratified random sampling techniques because the techniques ensure that sub groups were represented proportionally within the department. There after each professional was selected using simple random sampling technique from each department. Total sample size was proportionally allocated based on the number of each professional in each stratum. Then, the respondent was selected randomly from each stratus

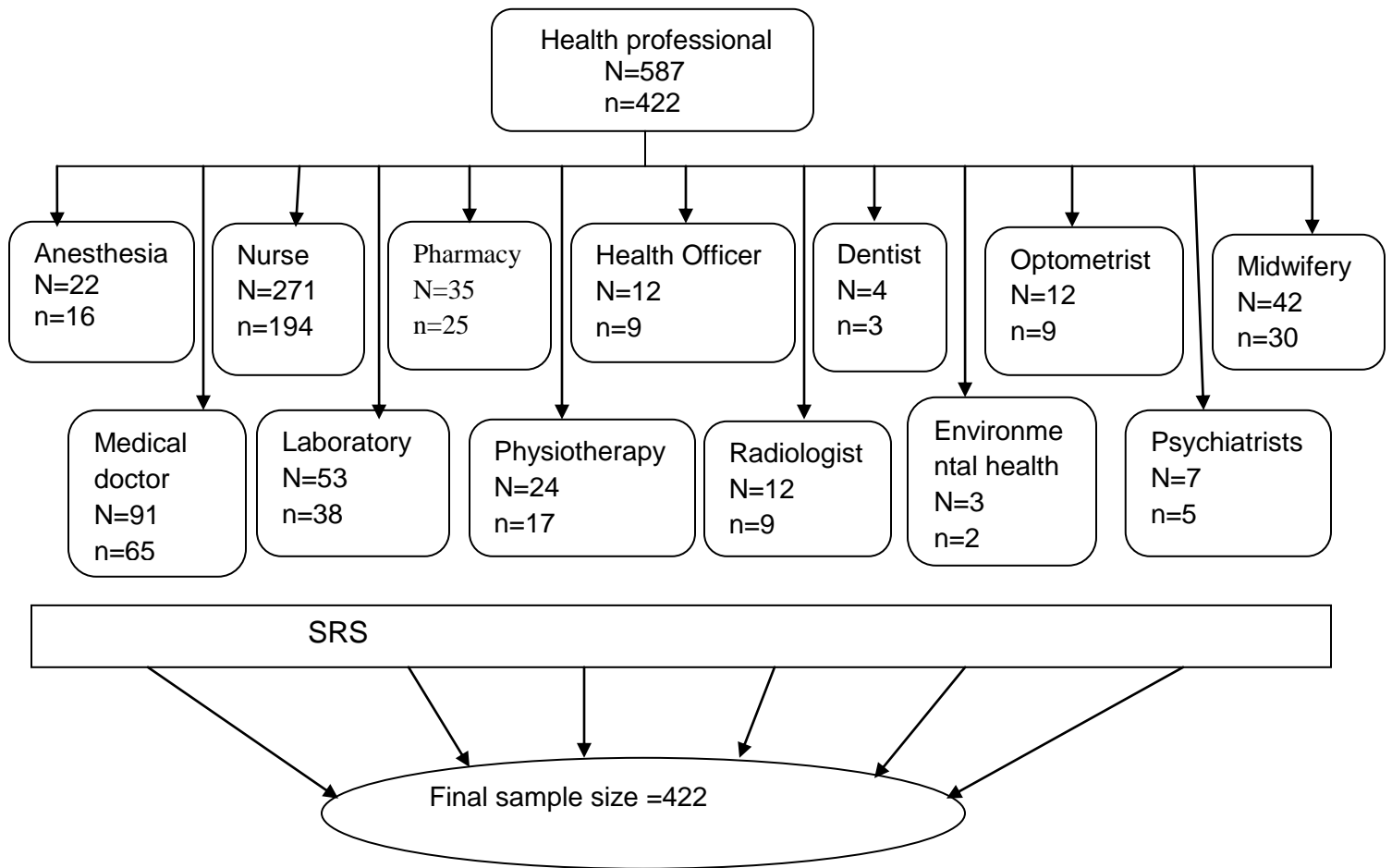


Figure 2: Diagrammatic representation of sampling procedure

3.7. Variables of the Study

3.7.1. Dependent variable

Turnover Intention

3.7.2 Independent variables

Demographic and Socio-economic factors

- Age
- sex
- Marital status
- Education status
- Profession
- Work experience
- Income Level
- Work unit

Job factors

- Nature of work
- Work place condition
- Work load
- Autonomy
- Working schedule

Organizational factors

- Organizational commitment
- Salary level
- Work environment
- Coworker relationships

3.8 Operational definitions

Turnover refers the movement of staff out of an organization.

Turnover Intention refers to an individual's perceived probability of leaving an employing organization

Turnover intention: In this study refers participants who have the overall turnover intention of mean score equal and above 3.12 on the given items to measure intention.

No turnover intention: Refers health professionals who have the overall intention of mean score less than 3.12 on the given items to measure intention.

3.9. Data Collection Tools and Procedures

Data were collected by trained data facilitator using a semi-structured self administered questionnaire which is developed for the purpose of data collection after reviewing relevant literatures and assessing the Internet sources. The questionnaire was distributed to the respondents at their work place. Following the instruction on the instrument, the questionnaire was filled out and returned. The questionnaire was initially prepared in English and translated to Amharic. Three different individuals who were health professionals checked consistency after back translation to English.

The data collection was conducted after the investigators communicated to all concerned bodies and administered the instrument to health professionals of the hospital after the hospital management approved.

The questionnaires have four major parts; the first was socio demographic factor, the second part turnover intention, the third part job satisfaction and the fourth part organizational factor formulated by principal investigator.

3.10 Data quality control

Data quality was maintained by using the following methods. First, questionnaires consistencies had been checked by previous researchers were used after carefully modified and adopting in to the current context and without changing the original meaning. Second, the prepared questionnaires of the English version was translated to Amharic version and then 10% of the questionnaires was pre-tested on 42 health professionals of FelegeHiwot Referral Hospital out of the selected health institutions for data collection. Necessary amendment was made accordingly for vague terms, phrase and unnecessary sentence. Third, training was given for data facilitators. Finally, supervision was done throughout the data collection periods.

3.11 Data processing and analysis

Collected data were entered, cleaned and coded with Epi-Info version 3.5.3 and exported to SPSS version 20.0 software for analysis.

Socio-demographic characteristics were figured out by calculating frequencies, percentages, means, and medians via descriptive statistics

Binary logistic regression model was fitted to assess bi-variable associations between predictors & outcome variables. And because of possible confounder all variables were entered to in the multivariable analysis by logistic regression model. Adjusted Odds ratios with 95% confidence interval were used to determine the strength of association between dependent and independent variables and level of significance associated.

4. ETHICAL CONSIDERATION

Ethical clearance was obtained from Institutional Review Board/IRB/ of College of Medicine and Health Sciences, University of Gondar. Moreover, letter of cooperation was secured to University of Gondar teaching hospital. In addition to that, following an explanation of the purpose, the benefits and the possible risks of the study, informed consent was obtained from all study subjects, which assured that participation was on voluntarily basis. On top of that, to keep the anonymity of study participants, code numbers rather than personal identifiers were used and all questionnaires were sealed with post following data collection at each ward. Finally, the questionnaires were kept locked after data entry had been completed. Confidentiality of the study was maintained throughout the study.

5. Dissemination of Result

The finding of this study will be distributed to University of Gondar, University of Gondar administration and if necessary presented in various seminars. The final result of the study will be submitted as partial fulfillment of the degree of Master of Public Health in health service management to the institute of Public Health, College of Medicine and Health Sciences, University of Gondar.

It will be disseminated to university of Gondar Referral Hospital, Amhara regional Health bureau, North Gondar Health Department and other governmental and none governmental organizations. The result will also be presented to the University of Gondar, College of Medicine and Health Sciences, Institute of Public Health as a post graduate thesis. Publication through national or international peer reviewed journals and conference/meeting presentations will be considered.

6. Result

6.1. Socio-Demographic characteristics of the study participant

Out of the proposed 422 samples, 394 health professionals were included in the study making the response rate to be 93.3 %. Most health professionals were male 250(63.5%) and single 214(54.3%) the mean (SD) age of the participants was 27.86 ± 4.34 years.

The majority 340 (86.3%) of respondents had educational status of Degree and above and most of them 187(47.5%) were from nursing, similarly 82(46.2%) of the respondents had work experience of less than or equal to 2 year.

Most of respondents 87 (22.1%) worked in surgical ward; The mean (SD) monthly incomes of respondents were 2895.84 ± 1530.6 ETB (table1).

Table 1: Socio-demographic characteristics of health professionals, in university of Gondar referral hospital, North West Ethiopia, 2014

Variables		Number	Percent %
Sex	Male	250	63.5
	Female	144	36.5
Age(years)	<25	136	34.5
	26-30	204	51.8
	31-35	37	9.4
	>35	17	4.3
working unit	Surgery	87	22.1
	Gynecology and obstetrics	39	9.9
	General ward	19	4.8
	Pharmacy	23	5.8
	Internal medicine	45	11.4
	Pediatrics	44	11.2
	Ophthalmology	24	6.1
	Laboratory	37	9.4
	Others	76	19.3
Monthly income level (ETB)	<2100	99	25.1
	2100-2259	98	24.9
	2260-2998	100	25.4
	>2998	97	24.6
Marital status	Married	180	45.7
	Single	214	54.3
Educational status	Diploma	54	13.7
	Degree and above	340	86.3
work experience	<2	182	46.2
	2.1-5	148	37.6
	>5.1	64	16.2

Profession	Nurse	187	47.5
	MD	60	15.2
	Laboratory	37	9.4
	Other health professionals	110	27.9

Other health professional: pharmacy, Anesthesia, Midwifery, Health officer, Radiology, Optometrist, Dentist, Physiotherapist, Psychiatrists, Environmental health

Working unit others: dermatology, emergency, psychiatrists, Physiotherapy, Radiology, Pathology, EENT, dental

6.2 Level of Turnover Intention

In this study the Mean and Standard deviation of turnover intention of health professionals was 3.12 and ± 3.6 , respectively. By considering Mean as cut off point, 52.5 % (95% CI: 47.47, 57.9) the study Participants had intent to turnover (Figure 3).

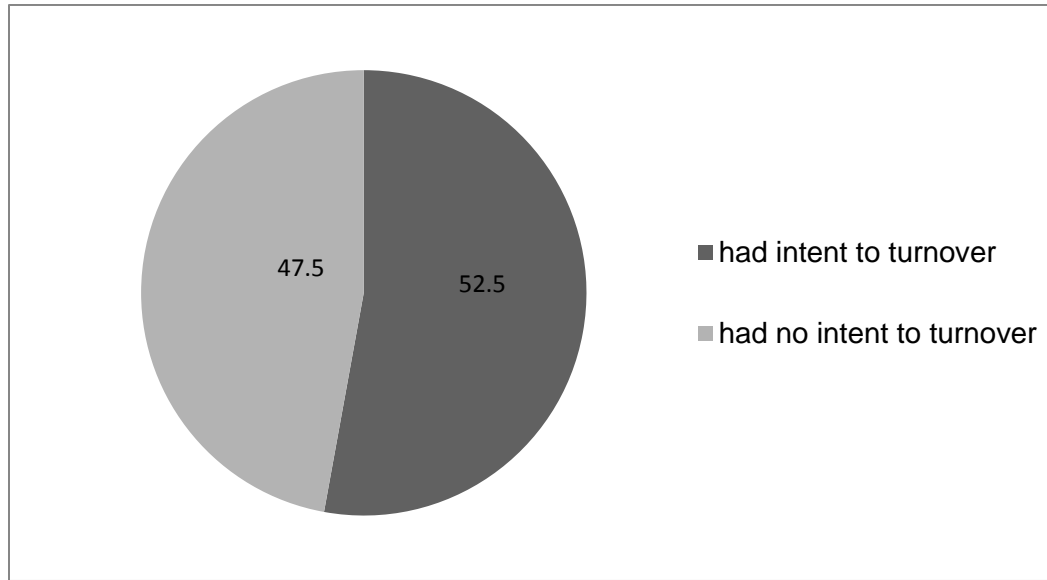


Fig.3: Diagrammatic presentation of health professional turnover Intention level in university of Gondar referral hospital, North West Ethiopia, May 2014

6.3. Respondents on turnover intention measuring items

Job factor which consists of workplace condition, work load, nature of work, autonomy and work schedule. In the current study, majority of the respondents 218(55.3%) were satisfied with work place condition whereas 212(61.4%), 203(51.5%), 222(56.3) and 230(58.4%) of the study participants were dissatisfied with the work load, nature of work, autonomy and working schedule, respectively.

On the other hand, organizational factor, which consists of different, factors such as coworker relationship, organizational commitment, work environment and salary levels. In this study, 271(68.8%) of the study participants had coworker relationship; and more than half of the participants had low organizational commitment, work environment and salary level 201(51%), 198(50.3%) and 252(64), respectively [Table 2].

Table2. Level of job satisfaction and organizational commitment by different dimensions among health professionals in university of Gondar referral hospitals, Ethiopia, 2014 (n=394)

Variable	Number	%
Job factors		
work place condition		
Unsatisfied	176	44.7
Satisfied	218	55.3
work load		
Unsatisfied	242	61.4
Satisfied	152	38.6
Nature of work		
Unsatisfied	203	51.5
Satisfied	191	48.5
Autonomy		
Unsatisfied	222	56.3
Satisfied	172	43.7
working hours		
Unsatisfied	230	58.4
Satisfied	164	41.6
Organizational factors		
Organization commitment		
Low	201	51
high	193	49
work environment		
Low	198	50.3
high	196	49.7
salary level		
Un satisfied	252	64
Satisfied	142	36
coworker relationship		
Low	123	31.2
High	271	68.8

6.4. Factors Associated With Turnover Intention of Health Professionals

The result of multivariable analysis reveals that educational status, profession, work experience, and income level were considered as statistically significant predictors for turnover intention in the organization.

Health professionals who had Degree and above were 2.72 times more likely to have turnover intention than those who had Diploma [AOR=2.72(95%CI: 1.192, 6.19)]

The other significant factor was profession. Nurses were 7.67 times more likely to have turnover intention than medical Doctors [AOR= 7.67(95%CI: 2.913, 20.188)], laboratories were 9.15 times more likely to have turnover intention than medical Doctors [AOR 9.15(95% CI: 2.925, 28.63)] and other health professionals were 5.32 times more likely to turnover intention than medical Doctors [AOR=5.32(95% CI: 2.147, 13.162)].

Work experience was also the significant factors. Health professionals who have work experience 2.1 - 5 years were 1.94 times more likely to turnover intention than Health professionals work experience ≤ 2 years [AOR=1.94(95% CI: 1.142, 3.288)].

Income level was also the significant factors. Health professionals income level of 2100-2259 were 56.9% times less likely turnover intention than health professionals have income level of <2100 [AOR =0.43(95% CI: 0.213, 0.871)] and Health professionals income level of 2260-2998 were 57.9% times less likely turnover intention than health professionals have income level of <2100 [AOR=0.42(95% CI: 0.263, 0.875)]

Table3. Bi variable and Multi variable logistic regression of factors associated with intent to turnover among health professional working in Gondar university referral hospitals, Northwest Ethiopia, 2014

Variables	Turnover intention		COR(95%CI)	AOR(95%CI)
	yes	No		
Sex				
Male	121	129	1	
Female	86	58	1.581(1.044,2.394)	
income level				
<2100	63	36	1	1
2100-2259	50	48	0.59(0.337,1.052)	0.43(0.213,0.871)
2260-2998	55	45	0.69(0.396,1.233)	0.42(0.203,0.875)
>2998	39	58	0.38(0.216,0.684)	0.67(0.263,1.693)
Educational status				
Diploma	29	25	1	1
Degree and above	178	162	0.95(.533, 1.684)	2.72(1.192,6.190)
Profession				
MD	14	46	1	1
Nurse	111	76	4.79(2.466,9.337)	7.67(2.913,20.188)
Laboratory	24	13	6.07(2.461,14.948)	9.15(2.925,28.63)
other health professional	58	52	3.66(1.810,7.422)	5.32(2.147,13.162)
Work experience in years				
≤2	87	95	1	1
2.1-5	81	67	1.32(0.854,2.04)	1.94(1.142-3.288)
>5	39	25	1.70(0.953,3.043)	1.89(0.983-3.641)
Job factor				
satisfied	95	100	1	
unsatisfied	112	87	1.36(0.911,2.015)	
Organizational factor				
high	92	92	1	
low	115	95	1.21(0.814,1.800)	

7. Discussion

Major findings of the study and then in the consecutive paragraphs discuss each while comparing and contrasting with previous literatures in the literature review section of the thesis.

The result of this study had revealed that slightly more than half of the study participants had turn over intention from their organization. This study finding is greater than the study finding in South Africa (7, 13).which is 41.4% and 40 %. The difference may be the fact that due to income, cultural and organization structure difference. On the other hand, this finding is lower than the study finding in Sidama zone public health facilities and Jimma university specialized hospital(84.3%, 79.3%)respectively (4, 14).This difference might be due to different in work experience, time of the studies done and difference in profession in that the studies in Sidama zone were only nurses.

This study also found that health professional's educational status was statistically significant and associated with turnover intention. As the level of education increased intention to turn over increased it is in line with the study done in Saudi Arabia and Madrid (Spain) (1, 13).In which respondents who had Degree and above were more likely to indicate turnover intention compared to Diplomas.Possible explanation for this finding might be the fact that when the level of education increases they will have more opportunities to get better jobs outside the organization than that have lower level of education.

Work experience was also the significant factors for turn over intention. When the Health professionals become senior they had more intention for turnover than Health professionals who were junior professionals. This finding is consistent with previous researches done in sub-Saharan Africa in which 57%of those changed jobs who change jobs in the past five years having between 2&4 years of experience (28). possible explanation for this finding might be the fact that if professionals work experience increase they became expertise with their profession and the chance to join another alternative job with better income will increase in the same manner

working in one place for some professionals lead to boring/dull/ the job finally intent to turn over.

On the other hand this finding is contradicted with Health professionalsIn Saudi Arabian in which negative relationships was revealed between turnover intention and years of experience in Health professionals, with the organization and in the current position. Turnover intention decreased as the years of experience increased. It could be argued that Health professionals with longer years in their jobs may have become used to their work, duties, co-workers, general working environment and the organization's system; as a result, they have developed a high level of commitment to their work, position and organization. Thus, they do not intend to leave their Organization (13).

In this study type of profession was other significant factor for turnover intention. Nurses were more than 7 times more likely to turnover intention than medical Doctors, laboratories were more than 9 times more likely to turnover intention than medical Doctors and other health professionals were more than 5 times more likely to turnover intention than medical Doctors.

Possible explanation for this finding might be the fact that the strategies which is formulated by the government to increase stay of physicians in the hospital benefits like house allowance, more duty payment than other professionals and it will have a good opportunity to work outside the hospital

Another significant predictor of turnover intention in the hospital revealed by this study was income level. Health professionals who have income level of 2100-2259

were 56.9% less likely turnover intention than health professionals who have income level of less than 2100 ETB and Health professionals income level of 2260-2998 were 57.9% less likely turnover intention than health professionals who have income level of <2100. This finding is very much consistent with previous researches done in Saudi Arabia (13).

Possible explanation for this finding might be the fact to stay on the institution a professional an income which is drawn at present should fulfil at least basic needs of the professionals therefore as income increases the intention to stay in the institution will increase moreover health professionals with lower income demonstrated higher intent to turnover than had higher income . This indicates that income is important for the satisfaction and retention of the Health professionals. In other words, when the income is not as high as expected, employee work performance might be affected, resulting demotivation of health professionals in work and high turnover intention.

8. Limitations of the study

There were some limitations in this study. Since self-administer questionnaires were used to collect data; the study may be subjected to response bias from each respondent. This study didn't include qualitative design to triangulate the quantitative data. Finally, the study may be subjected to social desirability bias from each respondent.

9. Conclusion

Generally, turnover intention of Health Professionals among University of Gondar referral hospital was found to be high.

Educational status, profession, work experience and income level were significantly associated with health professional turnover intention.

10. Recommendations

For ministry of health

- ✚ It is better to give especial enfases for health professionals.

To policy makers

- ◆ Designing strategies to improve health care workers' income by begins private wing service

To hospital managers and profession administrators

- ✚ Additional benefits should be given for health professionals who have higher work experience.
- ✚ There should be handling mechanisms for those healths's professional that have degree and above.

To researchers

Since 'turnover intention' may be associated with some personal views that couldn't be addressed by quantitative methods, it is better to triangulate with qualitative methods

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12. ANNEX

Annex I- Participants information sheet

Title of the study: Health Professional Turnover Intention and Associated Factors in the University of Gondar Referral Hospital, Northwest Ethiopia

Name of Principal Investigator: Endager Abera

Name of the Organization: University of Gondar College of Medicine and Health Sciences, Institute of Public Health.

Name of the Sponsor: Amhara region health bureau

Introduction: this information sheet is prepared for University of Gondar Referral Hospital administration. The aim of the form is to make the above concerned office clear about the purpose of research, data collection procedures and get permission to conduct the research.

Purpose of the study: To determine Health Professional Turnover Intention and Associated Factors in the University of Gondar Referral Hospital.

Procedure: In order to achieve the above objective, information which is necessary for the study will be taken from Health Professional.

Risk and /or Discomfort: Since the study will be conducted by taking appropriate information from health professional, it will not inflict any harm on the health professional. The name or any other identifying information will not be recorded on the questionnaire and all information taken from the health professional will be kept strictly confidential and in a safe place. The information retrieved will only be used for the study purpose.

Benefits: There will be no special benefits to you. However, the management of the hospital will get the final report and be able to identify which areas they need to improve according to your information.

Confidentiality: Privacy and confidentiality of information are guaranteed. You will be filling the questionnaire separately from other Health professional. You are not required to give your name so information cannot be traced back to you. The information collected will only be accessible to the principal investigator.

Person to contact: This research project will be reviewed and approved by the institutional review board of College of Medicine and Health Science, University of Gondar. If you want to know more information, you can contact the committee

through the address below. If you have any question you can contact any of the following individuals (Investigator and Advisors) and you may ask at any time you want.

1. Endager Abera, University of Gondar, College of Medicine and Health Science, Department of health service management : principal investigator
Cell phone: +251- 0918290528
E-mail: endagerabera@yahoo.com.
2. Dr MezgebuYitayal, University of Gondar, College of Medicine and Health Science, department of health service management and economics : Advisor
Cell phone: +251-09 20252761
E-mail: mezgebuy@gmail.com
3. Measho G/Silassie, University of Gondar, College of Medicine and Health Science, department of health service management and economics : Advisor
Cell phone: +251-09 18153731
E-mail: measho2013@gmail.com

የሚጃ እና ስምምነት ወል ቅጽ

የምርምር/ጥናቱርዕስ :

በጎንደርዩንቨርሲቲሪሪራሊሆስፒታልየጤባለማዎችሆስፒታሉንየሜላቀቅዕቅደእናተዛማጅምክንያቶችንበተመለከተ የሚዘሰስጥናት

የዋናተሚማሪስም : እንዳገርአበራ

የደርጅቱስም : - በጎንደርዩንቨርሲቲህክምናጤሳይንስኮሌጅ የህብረተሰብ ጤና አጠባበቅ ተቋም

ወይም የሚገኝበት ወሰን ሲሆን፡ -አሜሪካ ስለሚገኝበት

ማሳሰቢያ፡

ይህ የሚገኝበት ወሰን የሰላም ትዕዛዝ ተዘጋጅቶ ስለሆነ ከዚህ በፊት ሲኖሩት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

ዋና አላማዎች ለምሳሌ ማህበራዊ ግንኙነት ፡ ስለሚገኝበት ሲሆን ፡

እንዲሁም ጥናቱን ለማሳደግና ለማሳደግ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

ጥናቱ የሚከተለውን ያሳያል፡

የዚህ ጥናት ዋና አላማ ስለሆነ ከዚህ በፊት ሲኖሩት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡ ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

አጠቃላይ

የጥናቱ አላማ ማህበራዊ ግንኙነት ሲሆን ከዚህ በፊት ሲኖሩት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

ለገጽ ማህበራዊ ግንኙነት /አላማዎች

የሚከተለው ሲሆን ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡ የጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

ከምርምሩ ለገጽ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

ነገር ግን የሆነ ሲሆን ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡ ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

ሚጠቅሙት ፡ እያንዳንዱ ለምርምሩ ውስጥ ተካትቶ ሲሆን ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡ ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

ለገጽ ማህበራዊ ግንኙነት

የዚህ ምርምር ጥናት ስለሆነ ከዚህ በፊት ሲኖሩት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡ የጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

1. እንዲሁም ሲሆን ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡
2. ዶ/ር ማህበራዊ ግንኙነት ሲሆን ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡
3. አቶ ማህበራዊ ግንኙነት ሲሆን ለጥናቱ ማህበራዊ ግንኙነት ሲሆን ለጥያቄው ሊቀረጥ ይችላል፡፡

Annex II: Consent form

Hello my name is I am a data collection facilitator we are conducting a survey of local health situation on behalf of the Endager Abera, health service management senior graduate student of University of Gondar.

She is conducting a research for partial fulfillment of second degree on health professional turnover Intention and associated factors among health Professional at University of Gondar Referral Hospital, North West Ethiopia". She has received permission from institute of public health at university of Gondar and university of Gondar referral hospital to conduct this study.

The objective of this study is to assess the health professional's turnover intention and associated factors in the University of Gondar Referral Hospital. You are selected for the study since you are in the study group with the hope that you will cooperate with me. I am kindly requesting you to answer the questions that I have prepared for you. I am assuring all information that you are going to deliver to me will be coded for anonymity. Only the principal investigator and the researcher assistants collecting data will have access to the data.

Would you be willing to participate? Yes1 No.....2

Having been well explained and informed of the intentions and benefits of the study, I voluntarily consent to participate in the study.

Respondent.

Signature

Date

ANNEX --QUESTIONNAIRE

Part one: Questions on Socio-demographic characteristics of the respondent

S.no	Socio- demographic Characteristics	Response
101	Age	-----yrs
102	Sex	1.Male 2.Female
103	Marital Status	1. Married 2. un married 3. Divorced 4. Widowed
104	Education status	1.Diploma 2.Bsc degree 3.master 4.specialist

105	Profession	1. nurse 2. MD 3. HO 4. Midwifery 5. Physiotherapy 6. Radiologist 7. laboratory 8. Pharmacy 9. Anesthesia 10. Dentist 11. Optometry 12. Occupational & environmental health	
106	work experience: Number of years working in the current/ last organization	-----years	
107	Monthly family Income	-----Birr	
108	working unit	1. surgery 2. Gynecology obstetrics 3. dermatology 4. General ward 5. Pharmacy 6. Internal medicine 7. Pediatrics 8. emergency 9. psychiatrists 10. Ophthalmology 11. Laboratory 12. Physiotherapy 13. Radiology 14. Pathology 15. EENT	

		16.dental	
		17.Others(specify)	

Part two: subpart1 Items to Measure Intention to leave

		Strongly disagree	Disagree	Uncertain	Agree	Strongly agree
201	I am fairly sure I will leave this hospital in the predictable future	1	2	3	4	5
202	Deciding to stay or leave this hospital is not a critical issue for me at this point in time	1	2	3	4	5
203	If I got another job offer tomorrow, I would give it serious consideration	1	2	3	4	5
204	I have no intentions of leaving this hospital	1	2	3	4	5
205	I have been in this hospital about as long as I want to.	1	2	3	4	5
206	I am certain I will be staying here a while	1	2	3	4	5
207	I plan to suspend on to this job a short time	1	2	3	4	5
208	I plan to leave this hospital shortly	1	2	3	4	5

Items to Measure Job Factor

	Work place conditions					
301	I have the materials and equipment I need to do my work right.	1	2	3	4	5
302	The mission/purpose of the hospital makes me feel my job is important.	1	2	3	4	5
303	At the hospital my performance on the job is evaluated fairly.	1	2	3	4	5

304	The hospital benefit programs met my needs.	1	2	3	4	5
305	The hospital does an excellent job of keeping employees informed about matters affecting us.	1	2	3	4	5
306	Overall, I am satisfied with the hospital as a place to work	1	2	3	4	5
307	My expectations were met after I joined the hospital	1	2	3	4	5
308	The training programs offered by my hospital are a key reason why people join the hospital	1	2	3	4	5
Working schedule						
309	The working schedule are satisfactory in the hospital	1	2	3	4	5
310	My work schedule often conflicts with my family time.	1	2	3	4	5
Nature of work						
311	My job is not secured for my life	1	2	3	4	5
312	My friends encourages my development	1	2	3	4	5
313	I am satisfied with my current position	1	2	3	4	5
314	In general, I am satisfied with my job.	1	2	3	4	5
Work load						
315	I am burdened with an excessive amount of administrative responsibilities autonomy	1	2	3	4	5
316	I am stressed at work	1	2	3	4	5
317	I am asked to see too many patients per day.	1	2	3	4	5
Autonomy						
318	I know what is expected of me at work.	1	2	3	4	5
319	I have no work-life balance	1	2	3	4	5
320	I feel that I have the authority to make decisions influencing my patients.	1	2	3	4	5
321	I feel that I am in control of aspects of my work not related to patient care.	1	2	3	4	5
322	I am able to have a life outside work.	1	2	3	4	5

Items to Measure Organizational factor

Organizational commitment

401	I am willing to put in a great deal of effort beyond that normally expected in order to help the hospital be successful	1	2	3	4	5
402	For me, the hospital is the best of all possible organizations for which to work	1	2	3	4	5
403	I talk up the hospital to my friends as a great organization to work for	1	2	3	4	5
404	Often, I find it difficult to agree with the hospital rules and regulations on matters relating to its employees	1	2	3	4	5
405	It would take very little change in my present circumstances to cause me to leave the hospital	1	2	3	4	5
406	The hospital really inspires the very best in me in the way of job performance	1	2	3	4	5
407	There's not too much to be gained by sticking with the hospital indefinitely	1	2	3	4	5
Salary level						
408	By the level of appropriateness of your salary as compensation for your service	1	2	3	4	5
409	By the level of appropriateness for Employee benefits	1	2	3	4	5
410	By the level of pay in relation to what it cost to live in this area	1	2	3	4	5
411	I am very satisfied with my salary.	1	2	3	4	5
412	Employee's benefits are very good.	1	2	3	4	5
413	I receive an additional bonus if I do additional work	1	2	3	4	5
414	Compared to other people doing similar work outside the hospital, I think I am paid fairly.	1	2	3	4	5
Work environment						
415	I can handle tasks at work with my own judgment.	1	2	3	4	5
416	At work, my hospital provides me with suitable clothing to facilitate my performance	1	2	3	4	5

417	At work, my hospital provides an independent and healthy work environment	1	2	3	4	5
418	The work environment is satisfactory for the employees	1	2	3	4	5
Coworker relationship						
419	Coworkers are friendly.	1	2	3	4	5
420	Coworkers will support me at work.	1	2	3	4	5
421	I have my supervisors' support in work.	1	2	3	4	5
422	I have good interactions with my coworkers.	1	2	3	4	5
423	I have good interactions with my supervisors.	1	2	3	4	5
424	My co-workers are committed to doing quality work.	1	2	3	4	5
425	I have a good friend at work.	1	2	3	4	5
426	My supervisor, or someone at work, seems to care about me as a person.	1	2	3	4	5
427	The organization empowers its employees	1	2	3	4	5

Translated Amharic Version

ስለጥናቱ መረጃና መጠይቅ

መግቢያ

እኔ ----- አስተባባሪ ስሆን በጎንደር ዩኒቨርሲቲ የህብረተሰብ ጤና አጠባበቅ ትምህርት ክፍል የሄሌዝ ሰርቪስ ሜጅማት ተመሪ የሚሰጡት እንዳገር አበራ የዚህን ጥናት መረጃን እንዳስተባብርላቸው ቀጥረዋል :: የዚህ ጥናት አላማ የጎንደር ዩኒቨርሲቲ ሪፈራል ሆስፒታል ጤና ባለሙያዎች ሆስፒታሉን የሚያቀርቡ ዝንባሌ ደረጃና ተዛማጅ ምክንያቶችን በመለየት መፍትሄ እንዲቀመጥለት ለሚመለከታቸው አካላት መረጃ መስጠት ነው፡ እርስዎ የዚህ ጥናት ተሳታፊ ይሆኑ ዘንድ ተመርጠዋል፡፡

ምንም እንኳ ይህ ጥናት የተደረገው የደህረ ምረቃ ሂደቱን ለማግኘት ቢሆንም ነገር ግን የዚህ ጥናት ጥቅም ከዚህ በላይ እንደሆነ ይታመናል፡፡ ይህ መጠይቅ ደግሞ ጥናቱን ለማክናወን ጠቃሚ ስለሆነ እንዲሞሉ በትህትና ይጠየቃሉ ስመዎም በመጠይቁ አይገፍም፤ የሚሰጡት መልስ ደግሞ ሙሉ በሙሉ ማስጠንቀቂያ ተጠባቂ በጥናቱ አለት ብቻ የማይሆን ነው፡፡ ስለዚህ በሂደቱ ላይ እንዳስፈላጊነቱ በነፃነት ይመሉ ምንም ሊያስፈራዎት አይገባም ከዚህ በላይ ደግሞ እርስዎ መላኩ የሚፈልጉት ጥያቄ ቢኖር ለመላኩ አይገደድም፡፡ ለጥያቄው ምንም አይነት አስተያየት እና ጥያቄ ቢኖረዎት የተሰጠውን አድራሻ በመጠቀም ሊገናኙ ይችላሉ፡፡

በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

አዎን ☐ አይደለም ☐

አመሰግናለሁ

የጥናቱን ዓላማ ጥቅም በደንብ ተገንዝቤ እና አወቄ በዚህ ጥናት ለመስተፍ ወስኛለሁ

ፊርማ

ቀን

አድራሻ፡ -

ስም እንዳገር አበራ

ሰልክ ቁጥር 251-918-30-01-30

ኢሜል endagerabera@yahoo.com

ክፍል አንድ

ለሚቀጥሉት ጥያቄዎች መልስ ይሆናል የሚሉትን ያክብቡ ወይም ባዶ ቦታው ላይ ይመሉ

ተ.ቁ	የሚበራዊ እና አኮኖሚያዊ ሁኔታ መግለጻቸው	ምላሽ
101	እድሜ	-----ዓመት
102	ጾታ	1. ወንድ 2. ሴት
103	የጋብቻ ሁኔታ	1. ያገባ 2. ያላገባ 3. የተፋታ/የተለያየ 4. የትዳር አጋሩ በሞት የተለየ
104	የትምህርት ደረጃ	1. ዲፕሎማ 2. ዲግሪ 3. ሙከተር 4. ስፔሻሊስት

105	የትምህርት መከ/መያ	1. ነርስ 2. ጠቅላላህክም 3. የጠፍ መከንን 4. አዋላጅ 5. ፊዚዮቴራፒ 6. ራዲዮሎጂ 7. ላብራቶሪ 8. ፋርማሲ 9. አንስቴገሮ 10. የጥርስህክም 11. የዓይንህክም 12. የስራናአካባቢያዊጠፍአጠበቅ
106	የአገልግሎት ዘመን ወይም የዚህ ሆስፒታል የቆየበት ጊዜ	-----ዓመት
107	ወርሃዊ የገቢ መጠን 1	-----ብር
108	የሚከተሉት ክፍል	1. ቀዶ ጥገና ህክምና ክፍል 2. የሙገዳና ጽንሰ ህክምና ክፍል 3. አጠቃላይ መከላከል 4. የቆዳ ህክምና ክፍል 5. የወሰጥ ደም ህክምና ክፍል 6. መድኃኒት ቤት 7. የሕፃናት ሕክምና ክፍል 8. ድንገተኛ ህክምና ክፍል 9. የአዕምሮ ሕክምና ክፍል 10. የአይን ህክምና ክፍል 11. ላብራቶሪ ክፍል 12. ፊዚዮቴራፒ ክፍል 13. ራዲዮሎጂ ክፍል 14. ፓትሆሎጂ ክፍል 15. አንገት በላይ ሕክምና ክፍል 16. የጥርስ ሕክምና ክፍል 17. ሌላ ካለ ይጠቅስ _____

ክፍል ሁለት፡ንዑስ ክፍል አንድ ፡ -ስራ የመልቀቅፍላጎትን የሚመዘኑ ነጥቦች

		በጣም አልሰማም	አልሰማም ም	መልስ ለመስጠት አቸ ገራሊሁ	እስማም ሁ	በጣም እስማም ሁ
20 1	ለወደፊቱ ሆስፒታሉን ለመልቀቅ በጣም እርግጠኛ ነኝ	1	2	3	4	5
20 2	በአሁኑ ሰዓት በሆስፒታሉ ላይ ለመቆየት ወይም ለመልቀቅ መወሰን አያሳስብኝም	1	2	3	4	5
20 3	ነገ ሌላ የስራ ዕድል ባገኝ ወዲያው ትልቅ ትኩረት እሰጣለሁ	1	2	3	4	5
20 4	ይህን ሆስፒታል የመልቀቅ ፍላጎት የለኝም	1	2	3	4	5
20 5	በዚህ ሆስፒታል የምቆየው በራሴ ፈላጎትነው	1	2	3	4	5
20 6	ለጊዜው በስራዬ ላይ እንደምቆይ እርግጠኛ ነኝ	1	2	3	4	5
20 7	ስራዬን ለአጭር (ለተወሰነ) ጊዜ ለማቆየት አስባለሁ	1	2	3	4	5
20 8	በአጭር ጊዜ ውስጥ ስራዬን ለመልቀቅ አቅጃለሁ	1	2	3	4	5

በስራ መርካትን የሚመዘኑ ነጥቦች

301	ስራዬን በትክክል ለመከናወን የሚያስችሉ መሳሪያዎች እና ማቴሪያዎች አሉኝ	1	2	3	4	5
302	የሆስፒታሉ ተልእኮና አላማ ስራዬን ጠቃሚ ት እንደረዳ አድርጎኛል	1	2	3	4	5
303	በሆስፒታሉ የስራ አፈፃፀሜ ፍትሃዊ በሆነ መልኩ ተገምግሟል	1	2	3	4	5
304	የሆስፒታሉ ጥቅማጥቅም ፕሮግራሞች ፍላጎቴን አሟልቷል ሆስፒታል ውስጥ በመስራት የሚኝ ነገር የለም	1	2	3	4	5
305	ሆስፒታሉ ለሰራተኞቹ ተፅዕኖ ከሚደርሱ ነገሮች ለመጠበቅ የተሻለ መረጃ ይሰጣል	1	2	3	4	5
306	በአጠቃላይ ሆስፒታል በመስራቱ እረክቻለሁ	1	2	3	4	5
307	ከሆስፒታሉ ስራ ከጀመርኩ በኋላ የጠበኳቸው ነገሮች ተሟልተዋል	1	2	3	4	5

308	ሰራተኞች ወደ ሆስፒታሉ ከሚገቡባቸው ምክንያቶች ዋናው በሆስፒታሉ የሚገኙ ስልጠናዎች ናቸው	1	2	3	4	5
309	በሆስፒታሉ በቂ የሰራ ሰዓት አለ	1	2	3	4	5
310	የሰራ ሰዓቱ ለቤተሰብ ከሚገባበት ሰዓት ጋር ይጋጫል	1	2	3	4	5
311	ሰራዬ ለደህንነት አስጊ ነው	1	2	3	4	5
312	እድገት እንዳመጣ የሚብርታታ የሰራ ባለድርባ አለኝ	1	2	3	4	5
313	አሁን ባለኝ ሃላፊነት እረክቻለሁ	1	2	3	4	5
314	በአጠቃላይ በሰራዬ እረክቻለሁ	1	2	3	4	5
315	በብዙ አስተዳደራዊ ሃላፊነቶች ተጨንቄያለሁ	1	2	3	4	5
316	በቀን በጣም ብዙ በሽተኞችን እንዳይ እጠቁቃለሁ	1	2	3	4	5
317	የሰራ ጫ አለብኝ	1	2	3	4	5
318	በሰራዬ ምን የሚጠበቅብኝ አወቃለሁ	1	2	3	4	5
319	ሰራዬ ለኑሮዬ አልተመኝም	1	2	3	4	5
320	በሽተኞቹ የሚጠበቅብኝ ወሳኔዎችን ለመወሰን ሃላፊነት እንዳለብኝ ይሰማኛል	1	2	3	4	5
321	ታካሚ ከመንከባከብ ወጭ ያሉ ሰራዎችንም መቆጣጠር እንዳለብኝ ይሰማኛል	1	2	3	4	5
322	ከሰራዬ ወጭ ሌሎች የህይወት እንቅስቃሴዎችን የሚደረግ ችሎታ አለኝ	1	2	3	4	5

ተቋማዊ ምክንያቶችን የሚይዙ ነጥቦች

401	ሆስፒታሉ እድገትና ስኬታማነት ከሚጠበቅብኝ በላይ ጥረት ለማድረግ ፈቃደኛ ነኝ	1	2	3	4	5
402	ለኔ ስራ ለመስራት ከሚጠበቅብኝ ድርጅቶች ውስጥ ሆስፒታል በጣም የተሸለ ነው		2	3	4	5
403	ሆስፒታሉ ለሰራ የተሻለ ተቋም እንደሆነ ለጓደኞች እነግራቸዋለሁ	1	2	3	4	5
404	በተደጋጋሚ ሆስፒታሉ ለሰራተኞች በሚወጣቸው ህግና ደንቦች ለመከማቻ እቸገራለሁ	1	2	3	4	5
405	ከዚህ ሆስፒታል ለመልቀቅ ጥቂት ምክንያት ብቻ ይበቃኛል	1	2	3	4	5
406	የሆስፒታሉ የሰራ አፈጻጸም አስደስቶኛል	1	2	3	4	5
407	በሆስፒታሉ በመቆየት የሚገኘው ጥቅም ብዙም አይደለም	1	2	3	4	5
408	ለምስጢር አገልግሎት የሚፈለገኝ ደመወዝ በቂ ነው	1	2	3	4	5

409	ለምስጢር አገልግሎት በቂ ጥቅም አግኝቻለሁ	1	2	3	4	5
410	ካለው የኑሮ ወድኔት አንጻር የግንኙነት ገቢ በቂ ነው	1	2	3	4	5
411	በሚከፈለኝ ደመወዝ በጣም ደስተኛ ነኝ	1	2	3	4	5
412	የሰራተኞች ተጠቃሚነት በጣም ጥሩ ነው	1	2	3	4	5
413	ተጨማሪ ስራ ከሰራሁ ተጨማሪ ክፍያ /አበል አገኛለሁ	1	2	3	4	5
414	ከሆስፒታሉ ውጭ ተመሳሳይ ስራ ከሚሰጥ ሰራተኞች ጋር ሲነፃፀር ፍትህዊ /ተመጣጣኝ/ ክፍያ ይከፈለኛል	1	2	3	4	5
415	ስራዎቼን በራሴ ወሳኔ አከናውናለሁ	1	2	3	4	5
416	ሆስፒታሉ ስራዬን በተቀላጠፈ መልኩ መስራት የማይችል አልባሳት አቅርቦልኛል	1	2	3	4	5
417	የስራ ቦታዬ ከተጽዕኖ የጸዳና ጠፍማ አካባቢ ነው	1	2	3	4	5
418	የሆስፒታሉ የስራ አካባቢ ለባለሙያዎች ምቹ ነው	1	2	3	4	5
419	የባለሙያዎች የዕርስ በርስ ግንኙነት ጥሩ ነው	1	2	3	4	5
420	ባልደረቦቼ በስራ ይደግፋኛል	1	2	3	4	5
421	አለቃዬ በስራ ይደግፈኛል	1	2	3	4	5
422	ከስራ ባልደረቦቹ ጋር ጥሩ ግንኙነት አለኝ	1	2	3	4	5
423	ከ አለቃዬ ጥሩ የሆነ ግንኙነት አለኝ	1	2	3	4	5
424	የስራ ባልደረቦቹ ጥራት ያለው ስራ ለመስራት ቁርጠኛ ናቸው	1	2	3	4	5
425	በስራ ቦታ ጥሩ ጓደኛ አለኝ	1	2	3	4	5
426	በስራ ቦታ አለቃዬ አልያም ሌላ ሰው ሰብዓዊ ክብር ያሳየኛል	1	2	3	4	5
427	ሆስፒታሉ የሰራተኞቹን አቅም ይገነባል	1	2	3	4	5

DECLARATION

I, the undersigned, senior MPH student declare that this thesis is my original work, except where otherwise acknowledged, this thesis has not been submitted for another degree award in this or any other university or institution.

Name: Endager Abera

Signature: _____

Date: _____

Place of submission: Institute of Public Health, College of medicine and Health Sciences, University of Gondar.

Date of Submission: _____

This thesis work has been submitted for examination with our approval as university advisors.

Advisors:

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Dr	Mezgebu yitayal(PhD)	_____
Mr	Measho G/selassie (MPH)	_____